



Adult Participant/Staff Member Information	
Name:	
Address:	
Phone:	E-mail:
Gender Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> _____	Age: Birth date: Health Card #:

Guardian, Emergency, & Medication Information	
Emergency Contact #1	Emergency Contact #2
Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Relationship:	Relationship:
Family Doctor:	
Please provide any additional information you think is important for us to know:	

Medical Information		
<p>Allergies Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Allergic to:</p> <p>Anaphylactic? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does you carry epipen, and where do you carry it?</p> <p>Last use of epi (date):</p>	<p>Asthma Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Aggravated by:</p> <p>Carries a puffer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where do they carry it?</p> <p>Last asthma attack (date):</p>	<p>Detailed notes on ANY medication(s) you will have access to during program:</p>

Doctor Name:		Phone Number:	
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Do you have any conditions we should know about to better meet your needs? Circle all that apply. If you'd feel more comfortable discussing these issues with a staff person, please call 867.689.6351.

Hearing Speech	Emotional/Psychological Learning Visual	Intellectual (mental) Multiple disabilities Physical	ADHD/ADD Seizures Other
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Please provide any additional information that would be helpful for the staff team:

IN CASE OF EMERGENCY

<p>It is our policy that we notify an emergency contact when you are ill or need medical attention.</p> <p>Occasionally we cannot reach either emergency contact and we need to get immediate help for you. Our procedure is to call Emergency Services (911).</p> <p>Please sign the consent so that we can take appropriate action on your behalf.</p>	<p>I hereby give consent for myself, when ill/injured to be taken to the nearest emergency center by ambulance to receive treatment when my emergency contacts cannot be contacted.</p> <p>Date:</p> <p>Signature of participant over 18:</p>
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Form checklist:

- Media Release Form
- Waiver of Liability & Risk Acknowledgement